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HARRISBURG, PA

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Leopold City Courthouse
Room 101
Front & Market Streets
Harrisburg, PA
17101

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Barbara Kennedy

B. Date of Delivery

1-28-02

C. Signature

x Barbara Kennedy

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below.

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7001 1140 0000 9829 6769

Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

FILED

FEB 14 2002

PER

HARRISBURG, PA DEPUTY CLERK

1-cv-01-1169